


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000012511
 1. Entity Name
 BRUZZONE SHIPPING MIAMI, LLC



Principal Place of Business Mailing Address
 11421 N.W. 39TH STREET 11421 N.W. 39TH STREET
 MIAMI, FL 33178 MIAMI, FL 33178



04122005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0596917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 COFINO, PEDRO A
 407 LINCOLN ROAD, SUITE 2B
 MIAMI, FL 33139

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

1100000310382
 04/18/05-80003-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUZZONE, VICTOR 12 YOUNG ROAD KATONAH, NY 10536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUZZONE, FEDERICO A 99 CLAYTON AVENUE EAST ATLANTIC BEACH, NY 11561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEUNG, JOHN 31-28 77TH STREET EAST ELMHURST, NY 11370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, MIRNA 4551 S.W. 133RD AVENUE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMIREZ, RAMIRO MARK JR 2645 S.W. 150TH COURT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mirna Ramirez member 04-12-05 305477-0046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #